

Department of Workforce Services  
**APPLICATION FOR EMERGENCY ASSISTANCE**

Complete this application form to apply for Emergency Assistance. The Department of Workforce Services has other cash and food help. Talk with your local Office of Workforce Services about applying for these benefits. **Please fill out the form as completely as possible. We must have at least your name, address and signature.** Social Security cards, birth certificates, proof of income, assets, proof of pregnancy may be required.

First Name	Middle Initial	Last Name	Birthdate	Phone	
Resident Address		Apt. #	City	State	Zip
Mailing Address		Apt. #	City	State	Zip

Time\Date of Appointment \_\_\_\_\_

Eligibility Specialist to be Seen \_\_\_\_\_ Phone Number \_\_\_\_\_

1. Write your name at the top of the list. Write your spouse's name next if living with you.  
List ALL the people who live in the same home you live in. **Include people not asking for assistance.**

NAME Last, First, Middle Initial	Marital Status	Social Security # ----- Medicare Number	Birthdate	Sex	Race (Opt.)	How related to you?	U.S. Citizen ? Y/N	Attending School?	Disabled yes/no	Veteran yes/no
		_____				SELF				
		_____								
		_____								
		_____								
		_____								
		_____								

2. Is anyone in your home pregnant? (proof of pregnancy will be required) G Yes G No

Name	Expected Date of Birth
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3. Has anyone in your home applied for or received Emergency Assistance from the Division of Child and Family Services (Foster Care, Domestic Violence) Financial Assistance, Medicaid or Food Stamps in the past 12 months?

G Yes G No

Name	Where	Type of Assistance	When

4. Do you have a legal guardian or someone who has power of attorney for you?

G Yes G No

Guardian or person who has power of attorney

Name	Relationship	Address	Phone

5. Does anyone help you pay for your bills? (such as a spouse, parents or adult children?)

G Yes G No

IF YES, WHO?

Name	Relationship	Address

6. Does anyone (including children) have any **ASSETS** such as bank accounts, IRA's, stocks, bonds, Credit Union, money market certificate, trust fund, time certificate, cash, personal needs accounts, etc.?  
Is your name on someone else's account?

G Yes G No

G Yes G No

Institution	Account Number	Joint? Yes/No	Type of Account or Resource	Name of Owner/Joint Owner	Amount	Ver.

7. Does anyone own, or is anyone buying, any type of **PROPERTY** such as campers, time shares condos, burial plots, life insurance, home you live in, other homes, satellite dishes, land/mineral rights, life estates, tools, equipment, funeral plans?  
INCLUDE PROPERTY CO-OWNED WITH SOMEONE NOT LIVING WITH YOU.

G Yes G No

Type of Property	Owner/Joint Owners	Joint? Yes/No	Face/Market Value	Equity/Cash Value	Ver.

8. Does anyone own any type of **VEHICLE** such as cars, trucks, motorcycles, snowmobiles, motor home, boats?

G Yes G No

Type of Vehicle	Make	Model	Year	Licensed Yes/No	Owner/Joint Owners	Use	Current Market Value	Amount Owed	Ver.

9. Has anyone applied for or received any UNEARNED INCOME such as Social Security, unemployment, SSI, railroad retirement, education assistance, civil service annuity, child support, alimony, worker's compensation, lump sum payments, church assistance, cash gifts, pension or Veteran's benefits? G Yes G No

Who Applied? Name	Type of Unearned Income Claim Number	Denied? Yes/No	Amount		Date Applied/Received	Date Benefits Will Begin
			\$	per		
			\$	per		
			\$	per		
			\$	per		

10. EARNED INCOME - Employment Information (including self-employment)

NAME					NAME								
How often Paid? (circle one):    2x monthly    Every 2 weeks Monthly    Weekly    Hourly    Other					How often Paid? (circle one):    2x monthly    Every 2 weeks Monthly    Weekly    Hourly    Other								
Name of Employer (Employer may be contacted) Address and Phone Number					Name of Employer (Employer may be contacted) Address and Phone Number								
Date Started		Hours Worked per Week		Hourly Wage	Day of Month/Wk Paid		Date Started		Hours Worked per Week		Hourly Wage	Day of Month/Wk Paid	
Date Paid Day/Mo/Yr	Hours Worked	Gross	Commission/ Tips	Actual Best Est.	Date Paid Day/Mo/Yr	Hours Worked	Gross	Commission/ Tips	Actual Best Est.				

TOTALS \_\_\_\_\_ TOTALS \_\_\_\_\_

11. Do you expect any change in your earnings or number of hours worked? G Yes G No  
Please explain. \_\_\_\_\_

